

Desert Senita Community Health Center

EMPLOYMENT APPLICATION

Thank you for your interest in employment with Desert Senita Community Health Center. We ask that you answer the following questions in order that we may fully evaluate your application. Federal and State laws prohibit discrimination in employment on the basis of race, color, religion, sex, ancestry, age, handicap, disability, national origin, or veteran status. Desert Senita Community Health Center is an Equal Opportunity Employer committed to employing a diverse workforce who can effectively respond to a diverse community.

DATE _____

MIDDLE _____

FIRST _____

LAST _____

PRINT NAME _____

PLEASE TYPE OR PRINT

PERSONAL DATA

NAME: Last Name _____ First Name _____ Middle Name _____

PRESENT ADDRESS: Number and Street _____ City _____ State _____ Zip Code _____

Do you have a legal right to work in the U.S.? Yes No Do you have a valid Driver's License? Yes No

Home Phone: _____ Message Phone: _____

Have you ever been convicted of a crime? Yes No If yes, give details including date, courthouse, nature of crime and disposition. _____

In case of emergency notify:
 Name: _____ Relationship _____
 Address: _____
 Number _____ Street _____ City _____ State _____ Zip Code _____ Telephone _____

POSITION APPLYING FOR

For what position(s) are you applying:
 1. _____
 2. _____
 3. _____

Status of work seeking:
 Full Time Temporary/Seasonal
 Part Time Per diem (Unbenefitted)

Date available for work: _____ How were you referred to Desert Senita Community Health Center? _____

NURSING APPLICANTS ONLY

Check one if applicable: Registered Nurse Licensed Practical Nurse Has your license ever been suspended or revoked? Yes No
 Have you ever been disciplined by any state board? Yes No

Basic Nuring Program _____ Date of Graduation: _____ Current License Number: _____
 Associate Degree _____ State: _____
 Diploma _____ Other states registered: _____
 B.S.N. _____
 Other _____

FOR PROFESSIONAL REGISTERED APPLICANTS ONLY

Registration Title _____ Registration _____ Arizona
 Is your license current? Yes No Number _____ National
 Has your license or certification ever been suspended or revoked? _____ Other states registered _____
 Yes Why? _____ No Expiration date _____
 Have you ever been disciplined by any state board? Yes No

EDUCATION

Elementary or High School (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 Name of School: _____
 City: _____ State: _____

College or University Dates attended: _____ Name of School: _____ Degree: Yes Type: _____ No
 Address: _____ Major: _____
 City: _____ State: _____ Zip: _____

Business or Vocational Name of School: _____ Completed Program? Yes No
 Address: _____ Dates Attended: _____
 City: _____ State: _____ Zip: _____
 Type of training: _____
 Other job related experiences and activities: _____

OFFICE EQUIPMENT AND SKILLS

If you are applying for a position which requires office skills, please complete the following:

- I. Office Equipment Type: _____ wpm Shorthand: _____ wpm 10-Key Adding Machine: Touch Sight
- II. Bilingual: Yes No If Yes, what language? _____
- III. Computer experience: Hardware name(s)? _____
 Software programs? _____
- IV. Do you know medical terminology? Yes No
- V. Additional Skills? _____

(LIST MOST RECENT FIRST) EMPLOYMENT (INCLUDE U.S. MILITARY SERVICE)

Additional References and Resume May Be Attached

Firm Name: _____	Job Title: _____
Address: _____	Nature of Duties: _____
City: _____ State: _____ Zip: _____	
Telephone : _____ Supervisor's Name: _____	
Supervisor's Title: _____	Reason For Leaving: _____
Dates Employed: Month/Year _____ to Month/Year _____	Your Name During Employment: _____

Firm Name: _____	Job Title: _____
Address: _____	Nature of Duties: _____
City: _____ State: _____ Zip: _____	
Telephone : _____ Supervisor's Name: _____	
Supervisor's Title: _____	Reason For Leaving: _____
Dates Employed: Month/Year _____ to Month/Year _____	Your Name During Employment: _____

Firm Name: _____	Job Title: _____
Address: _____	Nature of Duties: _____
City: _____ State: _____ Zip: _____	
Telephone : _____ Supervisor's Name: _____	
Supervisor's Title: _____	Reason For Leaving: _____
Dates Employed: Month/Year _____ to Month/Year _____	Your Name During Employment: _____

Firm Name: _____	Job Title: _____
Address: _____	Nature of Duties: _____
City: _____ State: _____ Zip: _____	
Telephone : _____ Supervisor's Name: _____	
Supervisor's Title: _____	Reason For Leaving: _____
Dates Employed: Month/Year _____ to Month/Year _____	Your Name During Employment: _____

May we contact the employer(s) listed above? Yes No If no, indicate which one(s) not to contact and the reason(s): _____

Do you have any relatives employed at Desert Senita Community Health Center? Yes No If yes, state name and relationship: _____

PLEASE READ AND SIGN THE FOLLOWING

Any offer of employment that may be made is conditional on passing a physical examination, depending on the position of which you have applied for, and will be given by a Desert Senita Community Health Center physician. I understand that any misrepresentation or material omission made by me in connection with this application is grounds for termination. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. All applicants offered employment will be required to successfully complete a drug/alcohol test as part of their pre-employment examination. Additionally, Desert Senita Community Health Center reserves the right to revoke any offer letter should it not receive a satisfactory reference and background check for the applicant.

Signature: _____ Date: _____